

Colleen Mitchell
[REDACTED]
[REDACTED] Illinois [REDACTED]

June 25, 2007

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

TransUnion Consumer Relations
P.O. Box 2000
Chester, PA 19022-2000

RE: Colleen Mitchell, TransUnion File No. 172272988

To Whom It May Concern:

I recently pulled a copy of my credit report dated May 31, 2007, through TransUnion, and noticed that a collection account allegedly owed to Marauder Corporation (Acct. No. 5106456), pertaining to a debt allegedly owed originally to "Med1 12 MCJM Inc. American Medical MA" in the amount of \$1,305, is incorrectly listed on my credit report, showing a current balance due of \$3,484. A copy of the relevant portion of my credit report is enclosed.

Several years ago I incurred a debt for medical services to American Medical Management/MCJM, Inc., for approximately \$1,305. A claim for coverage of this debt was submitted to my insurance carrier at the time, the Structural Iron Workers Local #1 Welfare Fund, however my insurance company did not initially pay the amount of the claim. See, enclosed letter from American Medical Management, Inc. dated September 30, 2004.

Thereafter, this account was referred to Marauder Corporation, also known as "Nationwide Capital Recovery" and as "Collection Professional Services," and although the original amount of the debt was \$1,305, Marauder Corporation/Nationwide Capital Recovery inexplicably began demanding payment for a total of \$3,256.39 – which included nondescript collection charges totaling \$1,951.39 – collection charges that it had no right to seek and which were more than the underlying debt. See, enclosed March 10, 2005 collection letter from Marauder Corporation/Nationwide Capital Recovery.

After several disputes, the original debt was paid by my insurance carrier in July 2006. See, enclosed July 19, 2006 letter and proof of payment from insurance administrators to Marauder Corporation/Nationwide Capital Recovery. Thus, this account should never have been reported on my credit report, as it was paid in full by my insurance carrier.



TransUnion Consumer Relations
June 25, 2007
Page Two

With your help, I expect that this account will be investigated and ultimately deleted from my credit report. I have copied this letter to Marauder Corporation as well. Please contact me as soon as possible regarding this matter.

Very truly yours,

A handwritten signature in cursive script that reads "Colleen Mitchell".

Colleen Mitchell
Enclosures

**CC: VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**
Ryon Gambill
Marauder Corporation
74-923 Hwy 111
Suite 218
Indian Wells, California 92210

Request investigation/change: Updated credit file

File number:
172272988Report date: 05/31/2007
Credit file: 1 (COLLEEN MITCHELL, [REDACTED])

> Close

Credit file details

Personal Information

Name: COLLEEN MITCHELL
Other Names: [REDACTED]SSN: [REDACTED]
Date of Birth: [REDACTED]
Telephone: [REDACTED]

You have been on our files since 08/1985

Your SSN is partially masked for your protection

Address History

Current Address

Address: [REDACTED] IL [REDACTED]
Date Reported: [REDACTED]

Previous Addresses

Address: [REDACTED]
Reported: [REDACTED]
Address: [REDACTED]

Employment Data Reported

Employer Name: [REDACTED]
Date Reported: [REDACTED]Position:
Date Hired:Employer Name: [REDACTED]
Date Reported: [REDACTED]Position:
Date Hired:Employer Name: [REDACTED]
Location: [REDACTED]
Date Reported: [REDACTED]Position: [REDACTED]
Date Hired:

Account Information

The key to the right helps explain the payment history information contained in some of the accounts below. Not all accounts will contain payment history information, but some creditors report how you make payments each month in relation to your agreement with them.

N/A	<input checked="" type="checkbox"/>	OK	30	60	90	120
Not Applicable	Unknown	Current	30 days late	60 days late	90 days late	120 days late

Adverse Accounts

The following accounts contain information which some creditors may consider to be adverse. Adverse account information may generally be reported for 7 years from the date of the first delinquency, depending on your state of residence. The adverse information in these accounts has been printed in >brackets< or is shaded for your convenience, to help you understand your report. They are not bracketed or shaded this way for creditors. (Note: The account # may be scrambled by the creditor for your protection).

ACCESS CREDIT UNION # [REDACTED]

Balance: [REDACTED]
Date Verified: [REDACTED]
High Balance: [REDACTED]
Past Due: [REDACTED]
Terms: [REDACTED]Pay Status: [REDACTED]
Account Type: [REDACTED]
Responsibility: [REDACTED]
Date Opened: [REDACTED]
Date Closed: [REDACTED]
Date Paid: [REDACTED]

1 0 0

jun may apr mar feb 03 dec nov oct sep aug jul jun may apr mar feb 02 dec nov oct sep aug jul

FORD MOTOR CREDIT # [REDACTED]

Balance: [REDACTED]
 Date Updated: [REDACTED]
 High Balance: [REDACTED]
 Past Due: [REDACTED]
 Terms: [REDACTED]

Pay Status: [REDACTED]
 Account Type: [REDACTED]
 Responsibility: [REDACTED]
 Date Opened: [REDACTED]

Loan Type: [REDACTED]

[REDACTED]
 apr mar feb 06 dec nov oct sep aug jul jun may apr mar feb 05 dec nov oct sep aug jul jun may
 [REDACTED]
 apr mar feb 04 dec nov oct sep aug jul jun may apr mar feb 03 dec

HSBC CARSON'S # [REDACTED]

Balance: [REDACTED]
 Date Updated: [REDACTED]
 High Balance: [REDACTED]
 Credit Limit: [REDACTED]
 Past Due: [REDACTED]
 Terms: [REDACTED]

Pay Status: [REDACTED]
 Account Type: [REDACTED]
 Responsibility: [REDACTED]
 Date Opened: [REDACTED]

Loan Type: [REDACTED]

[REDACTED]
 apr mar feb 07 dec nov oct sep aug jul jun may apr mar feb

IL COLL SERVICE INC # [REDACTED]

Balance: [REDACTED]
 Date Updated: [REDACTED]
 Original Balance: [REDACTED]
 Original Creditor: [REDACTED]
 Past Due: [REDACTED]

Pay Status: [REDACTED]

Account Type: [REDACTED]
 Responsibility: [REDACTED]
 Date Closed: [REDACTED]
 Date Paid: [REDACTED]

Loan Type: [REDACTED]

Remark: [REDACTED]

KOHL'S/CHASE # [REDACTED]

Balance: [REDACTED]
 Date Updated: [REDACTED]
 High Balance: [REDACTED]
 Credit Limit: [REDACTED]
 Past Due: [REDACTED]

Pay Status: [REDACTED]
 Account Type: [REDACTED]
 Responsibility: [REDACTED]
 Date Opened: [REDACTED]
 Date Closed: [REDACTED]
 Date Paid: [REDACTED]

Loan Type: [REDACTED]

Remark: [REDACTED]

[REDACTED]
 jun may apr mar feb 05 dec nov oct sep aug jul jun may apr mar feb 04 dec nov oct sep aug jul
 [REDACTED]
 jun may apr mar feb 03 dec

MARAUDER CORPORATION # 5106456

Balance: \$ 3,484
 Date Verified: 05/2007
 Original Balance: \$ 1,305
 Original Creditor: MED1 12 MCJM INC
 AMERICAN MEDICAL MA
 Past Due: >\$ 3,484<

Pay Status: >Collection Account<
 Account Type: Open Account
 Responsibility: Individual Account

74923 HIGHWAY 111
 INDIAN WELLS, CA 92210
 (760) 423-1111

Loan Type: Open Account - Collection Agency Attorney
 Remark: >Placed for collection<
 Date placed for collection: 02/2005
 Estimated date that this item will be removed: 12/2011

NICOR GAS # [REDACTED]

Balance: [REDACTED]

Pay Status: [REDACTED]



american
medical
management
inc.

September 30, 2004

Mrs. Colleen Mitchell
[REDACTED]
[REDACTED] IL [REDACTED]

Dear Mrs. Mitchell:

Your account has a balance of \$1,305.00 which dates back to 2002 which represents unpaid claims by Structural Iron Workers Fund. You have received EOB's from your insurance company.

Our offices have closed. All money matters are being handled by our legal department. Please mail your check to:

American Medical Management Inc.
1954 First Street - #214 Legal Department
Highland Park, IL 60035

We are making a one-time offer to allow you to deduct 30% if your payment is received by October 31, 2004.

Doing nothing about your account is no longer an option. On October 31, 2004 we will refer your total outstanding balance to our collection agency and fully intend to pursue all means possible up to and including judgment. If you make this necessary, all collection costs will be your responsibility as per your signed personal liability consent form.

We willingly extended treatment prior to payment with your signature of guarantee. We trust you will take responsibility and take care of this matter promptly to avoid further action.

Very truly yours,

M. Murgo
Legal Department

111 n. wabash
chicago, illinois
60602

tel: 312-368-8446
fax: 312-368-9544

2720 river road
suite 254
des plains, illinois
60018

tel: 847-298-8446
fax: 847-298-8530

246 e. janiara blvd.
suite 110
lombard, illinois
60148

tel: 630-627-8446
fax: 630-627-2944

NATIONWIDE CAPITAL RECOVERY

74-923 HWY 111

INDIAN WELLS, CA

92210

Phone:1-800-460-0082

Fax:1-760-343-5155

MITCHELL, COLLEEN

March 10, 2005

[REDACTED]

[REDACTED], IL [REDACTED]

RE: AMERICAN MED. MGMT./MCJM, INC
CASE#: 5106456
BALANCE: \$3,256.39

We have been instructed to collect the above debt. Before we proceed, we want to give you reasonable notice. Recovery action will be commenced in thirty-one(31) days if you have not paid us in full by that time.

Send us the full amount now or telephone us today at 800-460-0082 to arrange settlement. If you act now it may not be necessary for litigation to ensue.

This is a demand for immediate payment.

NATIONWIDE CAPITAL RECOVERY
Randy Hoffenauer
COLLECTIONS MANAGER

Unless this account or any portion thereof is disputed within 30 days from receipt of this notice, we will assume this debt to be valid. If you dispute this debt or any portion thereof within this 30 day time period we will furnish at your written request, a verification of this debt, or the name and address of the original creditor. This is an attempt to collect a debt. Any information obtained will be used for that purpose.



Group Administrators, Ltd.

450 East Remington Road • Schaumburg, IL 60173-4540

Phone (847) 519-1880 • Fax (847) 519-1979

www.groupadministrators.com

Specialists In:

Health Insurance

Claim Processing

Cafeteria Plans

COBRA Administration

July 19, 2006

Nationwide Recovery
Attn: Randy Hoffenauer
74-923 HWY 111
Indian Wells, CA 92210

Re: American Medical Management/MCJM, Inc.
Case # 5106456
Colleen Mitchell
Dates of Service: 10/01/02 through 12/03/02
Structural Iron Workers Local #1 Welfare Fund

Dear Mr. Hoffenauer:

The Structural Iron Workers Local #1 Welfare Fund received total billings for the above service dates from American Medical Management/ MCJM, Inc. in the amount of \$1,105.00. No claims in excess of this amount have ever been filed with the Fund with respect to treatment of Colleen Mitchell. Enclosed are two separate checks with Explanations of Benefits (EOBs) attached making payment in full of the \$1,105.00 in claims actually filed with the Plan.

Your correspondence of March 10, 2005, to Colleen Mitchell indicates a balance of \$3,256.39. American Medical Management never submitted claims totaling this amount to the Fund. Any claims alleged submitted in excess of the actual \$1,105.00 must be documented with proof acceptable to the Fund trustees of submission in a timely manner. Under the terms of the Fund's Plan, claims must be submitted within 12 months of the date incurred.

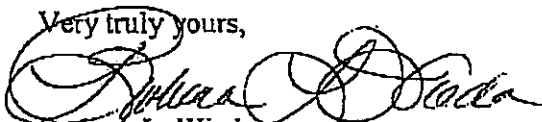


Page 2
July 19, 2006
Nationwide Recovery
Ms. Colleen Mitchell

The enclosed checks totaling \$1105.00 are in full satisfaction of claims actually submitted to the Plan.

On Behalf of Structural Iron Workers Local #1 Welfare Fund,

Very truly yours,



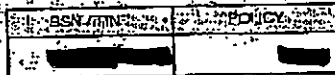
Barbara L. Wieda
Vice President

Cc: Ms. Colleen Mitchell

[REDACTED]
[REDACTED] IL [REDACTED]

Mr. Steve Bulkovac
Structural Iron Workers Local Union #1
7700 Industrial Drive
Forest Park, IL 60130

STRUCTURAL IRON WORKERS LOCAL #1
WELFARE FUND CLAIMS ACCOUNT
7700 INDUSTRIAL DRIVE
FOREST PARK, IL 60130



Payable Through:
LASALLE BANK
CHICAGO, IL

CHECK NO.	0000047480
CHECK DATE	07/18/06
Valid after 6 months	
PAY THIS AMOUNT	\$****965.00

PAY NINE HUNDRED SIXTY FIVE & NO/100 DOLLARS

TO THE ORDER OF
NATIONWIDE RECOVERY ON BEHALF OF
AMERICAN MEDICAL MANAGEMENT
74-923 HWY 111
INDIAN WELLS, CA 92210

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

GROUP ADMINISTRATORS, LTD.

450 E. Remington Road
SCHAUMBURG, IL 60173-4540
(847) 519-1880

PROVIDER PAYMENT REPORT

NATIONWIDE RECOVERY ON BEHALF OF
AMERICAN MEDICAL MANAGEMENT
74-923 HWY 111
INDIAN WELLS, CA 92210

PAGE : 1
CHECK NO : 47480
DATE PAID : 07-18-06
GROUP :
DIVISION :

PATIENT ACCOUNT NO	CLAIM	DATES OF SERVICE	PROC CODE	TYPE OF SERVICE	TOTAL CHARGE	PROVIDER DISCOUNT	INELIGIBLE AMOUNT	DEDUCT CD	COINS COPAY	OTHER CARRIER	BENEFIT PAID
MITCHELO3		10/01-10/01/02			225.00	0.00	0.00	0.00	0.00	0.00	225.00
MITCHELL, JAMES		Spouse		COLLEEN J.	225.00	0.00	0.00	0.00	0.00	0.00	225.00
MITCHELO3		10/08-10/08/02			90.00	0.00	0.00	0.00	0.00	0.00	90.00
		10/08-10/08/02			50.00	0.00	0.00	0.00	0.00	0.00	50.00
MITCHELL, JAMES		Spouse		COLLEEN J.	140.00	0.00	0.00	0.00	0.00	0.00	140.00
MITCHELO3		11/05-11/05/02			150.00	0.00	0.00	0.00	0.00	0.00	150.00
		11/05-11/05/02			50.00	0.00	0.00	0.00	0.00	0.00	50.00
MITCHELL, JAMES		Spouse		COLLEEN J.	200.00	0.00	0.00	0.00	0.00	0.00	200.00
MITCHELO3		11/19-11/19/02			150.00	0.00	0.00	0.00	0.00	0.00	150.00
		11/19-11/19/02			50.00	0.00	0.00	0.00	0.00	0.00	50.00
MITCHELL, JAMES		Spouse		COLLEEN J.	200.00	0.00	0.00	0.00	0.00	0.00	200.00
MITCHELO3		12/03-12/03/02			150.00	0.00	0.00	0.00	0.00	0.00	150.00
		12/03-12/03/02			50.00	0.00	0.00	0.00	0.00	0.00	50.00
MITCHELL, JAMES		Spouse			200.00	0.00	0.00	0.00	0.00	0.00	200.00
TOTALS					965.00	0.00	0.00	0.00	0.00	0.00	965.00

STRUCTURAL IRON WORKERS LOCAL #1

WELFARE FUND CLAIMS ACCOUNT

7700 INDUSTRIAL DRIVE
FOREST PARK, IL 60130

SSN	DOB
██████████	██████████

Payable Through
LASALLE BANK
CHICAGO, IL

CHECK NO.	0000047481
CHECK DATE	07/18/06
Valid after 6 months	
PAY THIS AMOUNT	\$140.00

PAY ONE HUNDRED FORTY & NO/100 DOLLARS

TO THE
ORDER OFAMERICAN MEDICAL MANAGEMENT IN
1954 FIRST ST
HIGHLAND PARK, IL 60035

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

AMERICAN MEDICAL MANAGEMENT IN
1954 FIRST ST
HIGHLAND PARK, IL 60035

GROUP ADMINISTRATORS, LTD.

450 E. Remington Road
SCHAUMBURG, IL 60173-4540
(847) 519-1800

PROVIDER PAYMENT REPORT

PAGE : 1
CHECK NO : 47481
DATE PAID : 07-18-06
GROUP :
DIVISION :

PATIENT ACCOUNT NO	CLAIM	DATES OF SERVICE	PROC CODE	TYPE OF SERVICE	TOTAL CHARGE	PROVIDER DISCOUNT	INELIGIBLE AMOUNT	DEDUCT CD	COINS COPAY	OTHER CARRIER	BENEFIT PAID
MITCHEL03		10/15-10/15/02			90.00	0.00	0.00	0.00	0.00	0.00	90.00
		10/15-10/15/02			50.00	0.00	0.00	0.00	0.00	0.00	50.00
MITCHELL, JAMES		Spouse		COLLEEN J.	140.00	0.00	0.00	0.00	0.00	0.00	140.00
TOTALS					140.00	0.00	0.00	0.00	0.00	0.00	140.00

OFFICIAL USE	
Postage	\$.58
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.38

Postmark Here

Sent To TransUnion Consumer Relations
Street, Apt. No., or PO Box No. P.O. Box 2000
City, State, ZIP+4[®] Chester PA 19022-2000
PS Form 3800, August 2006 See Reverse

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
TransUnion Consumer Relations
P.O. Box 2000
Chester, PA 19022-2000

COMPLETE THIS SECTION ON DELIVERY

A. Signature X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Transunion LLC C. Date of Delivery JUL 06 2007

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type: ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at www.usps.com
OFFICIAL U

Postage	\$.58
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.38

Postmark Here

Sent To Ryon Gambill, Marauder Corp.
Street, Apt. No., or PO Box No. 74-923 Hwy 11, Ste. 218
City, State, ZIP+4[®] Indian Wells CA 92210
PS Form 3800, August 2006 See Reverse for Instructions

COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Ryon Gambill
Marauder Corporation
74-923 Hwy 11
Suite 218
Indian Wells, California
92210

COMPLETE THIS SECTION ON DELIVERY

A. Signature X ☒ Agent ☐ Addressee

B. Received by (Printed Name) R-9-08 C. Date of Delivery 7-9-08

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type: ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7007 0220 0004 7398 7574

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154C